



QUARTERLY

THE ALLERGY AND ENVIRONMENTAL HEALTH ASSOCIATION

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EDITORS' MESSAGE

Having allergies or sensitivities is not always easy. However, information and help about healing, coping and recovering is becoming much more readily available.

We would like to give a pat on the back and a thank you to all those people out there who are speaking up about their experiences and needs. Some of you are going full guns tackling school boards, corporate board of directors, municipalities and the like. Others are quietly talking to your neighbours. We need it all. Keep it up. It is creating a great change out there.

Speaking of change, we would like to mention some of the changes which have taken place within the AEHA. We would like to welcome Greg Booth as our new president and Elizabeth Stutt as our acting treasurer. We would also like to thank Ed Lowans and Norene Anderson for the many years of work and support they have contributed to the AEHA.

There is also more change to come. The AEHA Board of Directors recently passed a motion to change the name of the QUARTERLY. If you have any great name ideas please send them to AEHA NAME CONTEST, 176 Bellefair Avenue, Toronto, Ontario M4L 3T9.

*Marianne Bretrand
Betty Auslander*

PRESIDENT'S MESSAGE

This is my first opportunity to address all the members following the recent AEHA National Meeting in Halifax. I would like to express gratitude to all the speakers: Drs. John MacLennan, Roy Fox, Will LaValley, Gerry Ross, Michel Joffres, and Mr. Robin Barrett. There were over 150 people in attendance. The lectures were video taped by both the NS and Ottawa Branches. The day was concluded by a banquet and an evening of entertainment starring doctors. Really special. A good time was had by all.

It will take to get the bank accounts changed over to the new treasurer and to get myself and the new secretary up to speed especially with summer vacations getting into full swing. Our priorities are to get a handle on the finances; then to get up-to-date membership lists. Then I would like to see the National Quarterly become more of a magazine, with appropriate advertisements to let the members know what there is out there to help them. I also envision written submissions from all branches as a means of sharing information.

One of the greatest challenges for us, in addition to dealing with all who are or have been sick, is to get on with the prevention of this terrible disabling disease...we need clean air, clean water, and clean surroundings.

We cannot make our whole house safe all at once but we could start with the place we spend the most time; the bedroom perhaps.

In the schools we could start with one safe classroom. This was done at Westmount School in Halifax. Now there is a waiting list to get in to it; the teachers in that class feel better too.

We could get people to turn off their cars and trucks when they are not moving: i.e. at loading docks, at entrances to buildings, in ones driveways. Mercedes Canada says that a 25% savings in fuel would be accomplished if cars were turned off at stop lights alone. In fact I am told that they are in the process of developing a clutch that turns off the engine when you push the clutch in; and starts the engine when you let it out. Think about that. Read up on what they are going to do in Los Angeles. No more gas lawn mowers for example because of the exhaust fumes.

There should be no smoking period.

The "no scents is good scents" will continue to spread to all hospitals and schools and churches and everywhere else.

Greg Booth

THE QUARTERLY

CO-EDITORS

Betty Auslander
Marianne Bertrand

The AEHA Quarterly publishes scientific and personal material reflecting the needs and interests of people with environmentally related illnesses. The Quarterly does not offer medical advice. People wishing to experiment with changes in their lifestyles should consult a physician.

Letters to the editor and submissions of material for The AEHA Quarterly should be sent to:

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Toronto, Ont. M4V 1X7

Membership in The AEHA includes a subscription to The AEHA Quarterly. The annual membership and subscription fee is \$25.00. Subscription requests and changes of address should be sent to:

The AEHA
P.O. Box 40604
Burlington, Ont., L7P 4W1

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ENVIRONMENTAL SENSITIVITIES

A growing segment of the population experience a variety of adverse reactions to environmental agents at levels well below those that might be deemed to affect average persons. The atypical reactivity is called Environmental Sensitivity.

Subsections of Environmental Sensitivity include labels descriptive of the site of the reaction such as "Asthma" (lungs) or of the mechanism of the reaction such as "Allergy", or of the causative agents such as "Multiple Chemical Sensitivity" or "Electromagnetic Sensitivity".

Typical agents include food, water, airborne substances, electromagnetic fields, and materials typically encountered in our daily lives, including both physiological and psychological stressors.

Sensitivity is highly individualistic, affecting each individual in a unique way, making definition, diagnosis and treatment difficult. Severe sensitivity is called "Hypersensitivity" and in some extreme instances, where a person has a sudden attack called "Anaphylaxis", the condition can be fatal. Symptoms may be mild and merely annoying, or they can be severe enough to interfere with daily activities, family life and career.

Environmental sensitivity is a degenerative illness. Prevention, early detection and treatment are therefore of paramount importance in dealing with this illness. Treatment of Environmental Sensitivity focuses on prevention, prudent avoidance of offending agents, appropriate nutrition, counselling and medical intervention.

Environmental Sensitivity is a relatively new field and as such is subject to considerable variation in interpretation. Environmental Sensitivities have been officially acknowledged as legitimate and compensatable disorders by many governments, agencies and research establishments.

THE ASSOCIATION

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The Allergy and Environmental Health Association of Canada is a non profit, registered charity.

The Association's mandate is to increase awareness of environmentally related illnesses, stressing recognition, prevention, and treatment, and to advocate for fair and equitable treatment of affected persons.

The AEHA has branches across Canada.

FOOD & NUTRITION

CHILDREN'S EAR INFECTIONS

Effective Treatments without drugs or tubes

Otitis media, the medical term for inflammation of the inner ear, is one of the most common health problems in children, exceeded only by colds and sore throats. By age two, nearly a third of all children will have had three or more episodes. The annual cost of diagnosing and treating this condition in the U.S. is more than \$2 billion.

"Otitis" means inflammation of the ear and "media" refers to the middle ear. There are two main types of otitis media. The acute type (the classic acute ear infection) is diagnosed when there is fluid in the middle ear accompanied by pain, bulging of the eardrum, or drainage of pus. Otitis media with effusion (OME, also called serous otitis media) refers to fluid in the middle ear without signs or symptoms of an ear infection. OME tends to be a more chronic problem, often persisting for many months.

Acute ear infections are usually treated with antibiotics, although such infections will often run their course without treatment. Doctors disagree about whether long-term antibiotic therapy is advisable for children who suffer from recurrent ear infections. Although such treatment does prevent recurrences, the benefits are limited, since only one child in nine improves.

There is even more controversy over whether tubes should be put in the ears of children with chronic OME. The purpose of these tubes is to allow the pressure to equilibrate on both sides of the eardrum, thereby improving hearing and preventing problems with speech development and learning. However, putting a hole in the eardrum also provides an avenue through which bacteria can enter the middle ear. In addition, recent evidence has shown that the improvement



in hearing lasts only six months and that, in the long run, putting tubes in the ears might actually make hearing worse. Furthermore, there is no good research showing that chronic OME causes any kind of permanent problem. Nevertheless, most experts still recommend using tubes, even though they admit their opinion is not backed up by scientific research.

Sugar and Immunity

Fortunately, there are nutritional alternatives that are usually effective. We have found that restricting or eliminating refined sugar from the diet often reduces the incidence of ear infections and effusions. That may be because eating sweets directly suppresses the immune system. In one study, healthy young adults drank 24 ounces of a cola beverage (containing about 66 grams of sucrose). Within 45 minutes, the ability of their white blood cells to engulf bacteria dropped by about 50 percent. Other scientists found that ingesting 100 grams of some other sugars, including glucose, fructose,

honey, and even orange juice, had a similar effect. This decline in immune function is greatest about two hours after consuming sugar and it persists for at least five hours. In another study, the ability of rats to manufacture antibodies declined 50 percent when the diet contained as little as 10 percent sucrose. Larger amounts of sugar impaired antibody production even more.

Some children appear to be more sensitive than others to the effects of sugar. In those cases, even small amounts will cause problems. I suspect that eating sweets has several different effect on the body, depending both on the amount consumed and on individual susceptibility to sugar.

Another way sugar affects immunity is by depleting the nutrients needed to support a healthy immune system. Sugar provides no vitamins or minerals at all; therefore, if your diet contains 19 percent sugar (the average amount found in the American diet), you will be getting about 19 percent less vitamin C, zinc, vitamin A, vitamin B6, folic acid, and other key nutrients. Since each of these nutrients plays a role in immune function, deficiencies might render you more susceptible to infection or allergies.

Small amounts of sugar probably have little direct effect on the immune system or on the nutritional status of healthy children. However, some children are allergic to sugar and cannot tolerate even small quantities.

Elimination Diets

Food allergy is probably the most important and definitely the most overlooked factor in children who suffer from recurrent ear infections or chronic OME. In our experience, at least 75 percent of children with these problems have marked improvements after the offending foods are identified and removed from their diet. As

with other food-allergic conditions, the most common symptom-evoking foods are sugar, dairy products, wheat, corn, eggs, citrus fruits and chocolate.

I typically recommend an elimination diet, in which all of the common allergens are avoided simultaneously. In most cases, the symptoms improve or disappear within three weeks. At that point, foods are tested individually, watching for recurrences of symptoms with each food challenge.

Several years ago, I saw a three-year-old girl who had had two years of persistent ear problems despite continuous antibiotic therapy. She cleared up completely after two weeks on an elimination diet. However, within 20 minutes of testing corn, she was crying from ear pain; within 60 minutes pus was coming out of her ear. The removal of corn from her diet eliminated her ear problems, and she has remained free of infections for five years.

Doctors who say that food allergy is not a scientifically documented cause of otitis media have not been keeping up with the medical literature. A relationship between food allergy and OME was reported as early as 1942. More recently, Italian researchers provided evidence that allergy causes the Eustachian tubes to swell, thereby blocking the outflow of fluid from the middle ear.

A new study has confirmed what innovative practitioners have been saying for a long time. Of 104 children with OME, 78 percent tested positive for food allergies. Excluding the offending foods from the diet for 11 weeks led to significant improvement in 70 of 81 children. Subsequent challenges with suspected foods led to a flareup of otitis in 66 of the 70 children. This report confirms our own impression that the vast majority of children with chronic OME improve significantly when attention is given to food allergy.

Nutritional Supplements

Nutritionists frequently recommend supplements to help fight infections and allergic conditions. Vitamin C is particularly useful; not only does it stimulate the immune system but it also has an antihistamine effect. Zinc and vitamin A also enhance immune function and help fight infections.

Although no studies have specifically addressed the effect of these nutrients on acute otitis media or OME, it has been shown that elderly people who take nutritional supplements have about half as many infections. Presumably, they have lower levels of vitamins and minerals than do younger people.

Children with recurrent ear problems are also likely to have nutritional deficiencies. Continually having to fight infections and allergic reactions probably puts stress on a child's nutritional status. Furthermore, ingesting allergenic foods may cause damage to the stomach and small intestine resulting in reduced absorption of vitamins and minerals. Supplementing with a broad-spectrum, hypoallergenic multiple vitamin and mineral is, therefore, a good idea for most children with chronic ear problems. It may also be helpful to take additional zinc, and vitamins A and C.

In summary, scientific research and clinical experience have shown that dietary changes, combined in some cases with nutritional supplements, are an effective treatment for most children suffering from recurring otitis media. Doctors who ignore these simple, non-toxic treatment and emphasize instead antibiotics and surgical implantation of tubes are certainly achieving less-than-optimal results, and are exposing their patients to needless risk and expense. Hopefully, the day will come soon when doctors stop putting small children under general anesthesia and cutting holes in their eardrums. We are certain that if they would

take a closer look at the nutritional approach, there would be far less need for those procedures.

This article was reprinted with permission from Nutrition and Healing, a monthly newsletter written by Jonathan Wright, MD, and Alan Gaby, MD. For subscription information, please call 1-800-528-0559 or (602) 252-4477.

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OTITIS MEDIA AND FOOD ALLERGY

A study of 104 children with otitis media showed that 81 reacted to one or more of the following common food allergens: cow's milk, wheat, egg, peanut, soy, corn, orange, tomato, chicken, or apple. Eliminating the offending foods significantly improved the inflammation in 70 out of 81 (86 percent) of the children, as measured by both clinical observation and tympanometry. Challenges with the offending foods induced a recurrence of serous otitis media in 66 out of 70 (94 percent) of the children.

--T.M. Nsouli, et al. Role of food allergy in serous otitis media. *Annals of Allergy* 1994;73:215-219.

Reprinted from Human Ecologist, P.O. Box 49126, Atlanta, GA 30359-112.

UK ADVISORY COMMITTEE CALLS FOR REMOVAL OF ANTIBIOTIC RESISTANCE MARKERS FROM FOOD

In a new report, the United Kingdom Advisory Committee on Novel Foods and Processes has recommended to Health and Agriculture ministers that those genetically engineered micro-organisms intended to be consumed live in food should be free of antibiotic resistance genes.* The recommendation would apply, for example, to yogurt and baker's yeast. The committee did not recommend a similar prohibition on antibiotic resistance genes in plant and animal foods, but did urge researchers to find ways to remove antibiotic resistance markers from all genetically engineered food organisms or develop alternative markers.

Antibiotic resistance genes are markers widely used by researchers to confirm that a genetic modification is successful. Most of the crops coming to market in the United States contain antibiotic resistance genes as well as modified traits of interest. The use of these markers has come under greater scrutiny in recent years because of fears that they will exacerbate the growing crisis of antibiotic resistance in human and animal pathogens. This could happen if the antibiotic resistance genes are transferred from engineered food and expressed in micro-organisms in the human gut. The Advisory Committee

recommendations came as a result of a study of published literature and consultations with industry, government, university, and public-interest groups.

*Advisory Committee on Novel Foods and Processes, *Report on the Use of Antibiotic Resistance Markers in Genetically Modified Food Organisms*, Ministry of Agriculture, Fisheries, and Food, London, UK, July 1994.

Reprinted from *The Gene Exchange*, Union of Concerned Scientists, 1616 P Street, NW, Washington, DC 20036

GENETICALLY ENGINEERED TOMATOES

Health Canada has improved a genetically-engineered tomato - the MacGregor Flavr Savr for sale in Canada. This tomato was developed by biotechnology company Calgene which will grow the tomato in the U.S. and Mexico.

The tomato uses an antibiotic-resistant "marker gene" to check whether the attempted genetic manipulation for longer shelf life has taken place. Seeds that survive exposure to an antibiotic are considered successfully altered. Tell your supermarket and school board that bioengineered foods are unacceptable.

Contact your member of parliament, as well as Health Minister Diane Marleau and Agriculture Minister Ralph Goodale. (Address letters to them at the House of Commons, Ottawa, Ont. K1A 0A6 - no postage necessary.)

FREE BROCHURE: "GENETICALLY ENGINEERED FOODS: WHO'S MINDING THE STORE?"

Send a legal size SASE to Danny Bello, Environmental Defense Fund, 257 Park Ave. So., NY, NY 10010.

MEDICAL UPDATE

CHEMICAL SENSITIVITY

Oral Testimony of Claudia S. Miller, M.D., M.S., Environmental and Occupational Medicine, Department of Family Practice, The University of Texas Health Science Center at San Antonio - For the Committee on Veterans' Affairs, Subcommittee on Oversight and Investigations, Washington, D.C., June 9, 1994

My name is Claudia Miller, I am a physician, researcher, consultant to the Department of Veterans' Affairs, and assistant professor in environmental and occupational medicine in the Department of Family Practice at the University Texas Health Science Centre at San Antonio. Dr. Nicholas Ashford of the Massachusetts Institute of Technology and I co-authored a report for the New Jersey Department of Health on chemical sensitivity, and wrote a subsequent book on this subject. Recently I served on Secretary Brown's blue ribbon panel on the Gulf Veterans' health problems. During today's presentation, I will highlight three issues:

1. Growing numbers of physicians are becoming concerned that we may be seeing a new medical problem; one that is being called "chemical sensitivity."
2. The origin and nature of this problem is the subject of intense debate among physicians and researchers.
3. A specially-designed hospital facility, an Environmental Medical Unit, is needed in order to diagnose whether or not veterans' health complaints are the result of chemical exposures.

Physicians are seeing growing numbers of patients who report chronic and disabling symptoms following exposure to solvents,

pesticides, combustion products and buildings with poor indoor air quality. These patients include industrial workers, office workers school children, persons living near Superfund hazardous waste sites, and most recently, Gulf War veterans. They report a wide range of symptoms that wax and wane over time in a seemingly unpredictable manner. They may see ten or more physicians, undergo costly and invasive testing, and be sent to psychiatrists as a last resort. Some patients discover that common exposures, such as perfume, fresh paint, or traffic exhaust, trigger their symptoms. Although many patients report being allergic to these substances, usual allergic mechanisms do not seem to be involved.

Some physicians believe that low level exposures could not cause such severe symptoms. But many patients disagree, and their views are supported by a growing number of professionals who suspect that extremely low levels of chemicals may cause disabling symptoms in some individuals. One hypothesis, supported by animal studies, is that exposure to certain chemicals may sensitize the limbic system--the brain region most closely connected to our environment for laying down new memories, and it influences hormone production and involuntary nervous system function. Thus, for example, if exposure to a solvent sensitized the limbic system, thereafter even tiny amounts of that solvent or other environmental chemicals might cause erratic signalling, disrupting not only the mood and memory, but also digestive, respiratory, and other vital functions.

To illustrate sensitization, one 45 year old mechanic I saw had worked with solvents most of his life without difficulty. He had been in good health when he was deployed to the Gulf where he continued to work as a mechanic. One

day a Saudi truck drove through fogging his work area, probably with pesticides. He became dizzy, nauseated, short of breath, experienced chest tightness, and developed a rash. He was hospitalized and a suspected heart attack was ruled out. He returned to his unit, but a week later another truck came through fogging and he developed the same symptoms. He recovered and was sent back to the United States for medical reasons. Soon after his return, he was playing volleyball, when someone came by to clean a piece of exercise equipment with lacquer thinner. He experienced similar symptoms as before and again went to the hospital. He recovered and returned to his job as a mechanic, only to find that he now became ill around solvents and paints he had worked with for years. He visited a physician's office that had been newly carpeted and again became ill. He could not tolerate perfume or cleaning agents used at home.

Other veterans have not sorted out the relationship between their symptoms and exposures in such detail. But growing numbers are reporting fatigue, numbness, dizziness, headaches and other symptoms, which they link to common chemical exposures.

Urgently needed is a clinical tool for determining whether or not chemical sensitization is at the root of these patients' problems. There is a growing consensus among experts, even the doubters, that these questions cannot be answered without an Environmental Medical Unit--a super clean hospital environment in which chemical exposures have been reduced to the lowest levels possible via specialized air filtration and the use of construction materials and furnishings that do not release chemicals into the air. There, in accordance with scientific protocols, patients can be removed from their usual home and workplace exposures to see if they improve, and if they do, be re-exposed to very low levels of common chemicals to see whether their

symptoms recur.

The National Institute of Environmental Health Sciences has described this concept as the "single most important way to develop a reliable clinical approach to the diagnosis and evaluation of chemical sensitivities". The approach has also been endorsed by physicians and the researchers attending two national workshops on chemical sensitivity--one sponsored by the National Academy of Sciences and the other by the Agency for Toxic Substances and Disease Registry.

Today, almost two years later, no such facility for scientific inquiry exists. Without it, there is little hope of finding a solution. Just as the invention of the microscope enabled physicians to identify bacteria and control infections, so an Environmental Medical Unit is now needed to enable us to diagnose and treat the health problems of the veterans and other Americans whose health may be at risk from environmental exposures. Thank you.

Reprinted from *The Delicate Balance*. 1100 Rural Avenue, Voorhees, N.J., 08043, 609-429-5358.

ALLERGY TESTS

ELISA/ACT blood test can test 235 items including 47 common foods, 47 environmental chemicals, 40 therapeutic foods and 6 minerals. A sub-panel can be requested, ie: Environmental Chemicals. The test can even detect hidden or delayed reactions. Blood must be sent to Seramune Physicians Lab, 1890 Preston White Drive, Suite 201, Reston, VA 22091. Phone: (703) 758-0610, (800) 553-5472 or write for information.

SPECT SCAN (Spec-T Scan) is a type of X-ray that shows the brain in action. Although the brain may be structurally sound it's function may be impaired. A Spect Scan is one of many tests recommended by the Chemical Injury Information Network (C.I.I.N.).

Porphyria testing for those with MSC is recommended because of the similarities between the two. MCS patients with possible "disorders of porphyria metabolism" should be tested under the following criteria:

1. Symptoms are triggered or made worse by exposure to some medications and/or chemicals.
2. The patient reports at lease one of the following:
 - a) Symptoms are triggered or made worse by exposure to sunlight;
 - b) Symptoms are triggered or made worse by exposure to metals such as jewellery or dental work;
 - c) Symptoms are triggered or made worse by fasting or dieting;
 - d) Abdominal pain that is made worse by any of the above;
 - e) Urine that is occasionally dark, red, or port-colored not due to blood.

Dr. Grace Ziem and Albert Donnay, Directors of Multiple Chemical Sensitivities Referral and Resources (MCS R&R) in consultation with MCS physicians and porphyria experts, have developed a testing protocol packet. It includes a symptom questionnaire, test order form, a set of interpretative tables for physicians to use to analyze test results, as well as instructions for patients in preparing to have the tests done. For a Porphyria Protocol Packet send \$12 (U.S. funds) to MCS R&R, 2326 Pickwick Rd., Baltimore MD 21207.

NOTE: These tests are not necessarily paid for by Medicare.

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TOXIC ENCEPHALOPATHY refers to "a brain that has been poisoned and does not function properly because of some environmental toxin or chemical," according to Dr. Sherry Rogers, in an article in the March *Let's Live*. Fortunately, she says, "thanks to a recent article by Dr. Edward L. Baker, director of the Public Health Practice Program office at the Centers for Disease Control and Prevention in Atlanta, it is now known that brain fog is not a figment of the imagination. He has carefully examined sixteen studies of toxic encephalopathy from around the world involving more than a thousand exposed workers in six countries on three continents. His results show toxic encephalopathy is a "real phenomenon".

Reprinted from *Canary News*, 1404 Judon Ave., Evanston, IL 60201, phone (708) 866-9630

AIRBORNE FUNGI, CHRONIC FATIGUE, AND RESPIRATORY INFECTIONS

Fungi produce a wide range of toxic and allergenic compounds. Case studies were presented of 15 patients living in five homes heavily infested with one or more of the following fungal genera: *Penicillium*, *Trichoderma*, or *Phoma*. Symptoms of chronic fatigue, asthma, and frequent respiratory infections were greatly reduced or disappeared following home cleanup or a move to a new home.

-Pierre Auger, Pierre Gourdeau, and David Miller. Clinical experience with patients suffering from a Chronic Fatigue-like Syndrome and repeated upper respiratory infections in relation to airborne molds.

American Journal of Industrial Medicine 1994; 25:41-42

Reprinted from the *Human Ecologist*, P.O. Box 49126, Atlanta, GA 30359.

LEGAL ISSUES

TENANT RIGHTS

On July 21, 1992, the Ontario Court of Justice heard a case that involved a tenant who suffered from multiple allergies to solvents and synthetics. The tenant had to move out because of symptoms thought to be related to fresh interior paint and a new carpet. (The case was #5270/92 Bender and Key Property Management Corp.)

Unfortunately, in this case, the tenant did not win.

It is important to get legal advice before negotiating with the landlord for a rent reduction or getting out of a lease. The Clinic Resource office which serves community legal clinics in Ontario suggests that it should be possible for a tenant to win. When negotiating, be sure to provide sufficient evidence about your health. Also argue the following legal points:

1. The statutory requirement of fitness must meet an objective standard. However, we suggest that provided the evidence substantiated the tenant's "special need", the tenant should only have to establish that the premises are unfit for a reasonable person with her special need.
2. To the extent that the requirement of fitness for habitation is contractual, the consideration to the tenant is reasonable enjoyment. That consideration has failed in this case. Moreover, to the extent that a contract is based on a meeting of minds between the parties, there can be no meeting where a landlord presumes wrongly that the contract is with a person who is physically fit for the purpose of the agreement. On contractual principles the agreement never existed.

3. The tenant may be able to establish that her special need constitutes a disability under the Human Rights Code, c. H-19. In that event, the landlord would be required to accommodate the tenant's disability.

Metro Toronto Tenants Legal Services offers limited self-help services to any tenants experiencing problems with their landlords because of their sensitivities. You can arrange to come in and look at case histories and precedents. Call 416-926-9693 between 9:30a.m. and 7:30p.m. Monday to Friday. This is a new area of law and it is important to get new cases heard and recognized.

Based on a conversation with Wey Robinson

NEW MODEL FOR CUTTING PESTICIDE USE

Linda Gilkeson, Ph.D., serves as Integrated Pest Management (IPM) coordinator for Vancouver Island, British Columbia, Ministry of the Environment. In British Columbia, through a

permitting process, the government regulates pesticide use on public land, forestry, rights of way ("industrial vegetation"), and bodies of water. Recently the provincial government has used its authority under the BC Pesticide Control Act to institute an IPM requirement for pesticide use in all public settings.

Part of Dr. Gilkeson's job is to develop a program for implementing IPM for many categories of pesticide use in the province's regions, among which climatic and vegetation differences are pronounced.

Pest Management Plans

Starting last year in landscape settings on Vancouver Island, the province pioneered a requirement that public agencies submit annual IPM plans in order to keep its pesticide permit in effect.

Municipalities, schools, hospitals, and others must file this plan, even if pesticide applications are contracted out. The plan must emphasize ways that the grounds pest manager will prevent pest problems without pesticides. It also describes procedures for monitoring pests, and weeds, threshold levels for taking action (i.e., numbers of grubs needed to trigger a pesticide application), treatments to be used including biological controls and other non-chemical methods, and how the program will be evaluated.

For 1993, the first year, all plans were accepted, though some agencies warned that for 1994 the plan must be significantly improved. When the 1994 deadline rolled around, Gilkeson said many of the plans were "remarkably good". Others were sent back for revisions. In some instances, the plans were written by new consulting firms springing up for this function.

To assist property managers in developing effective plans, Gilkeson convened a working group of 14 coastal landscape experts from municipalities and private IPM companies. Together they developed draft standards and model plans for insect, disease, and weed management on turf, landscape plantings, and other components of landscapes. A 2-day conference "IPM in Landscapes: Making the Transition" had 280 attendees; smaller workshops were also held to train personnel in municipalities and private companies.

Public pressure and industry initiative

Alternatives to pesticides are coming to British Columbia anyway, Gilkeson notes. The IPM mandate which she oversees is as much a response to change as its harbinger. Intense public pressure has led some cities such as Vancouver and Victoria to hire their own in-house IPM coordinators, and has stimulated numerous other public agencies to seek alternative approaches.

Additionally, she notes that penalties imposed on applicators caught breaking the law provide an impetus for moving to a non-chemical or true IPM approach, though provincial enforcement is constrained by lack of staff and takes place mostly in reaction to complaints. Responding to both types of pressures, regional competition within BC Gas is reducing pesticide applications around the utility's pumping stations, in some cases to zero use.

Training is changing

The structural pest control industry, which has been working diligently to repair its image according to Gilkeson, has asked the Environmental Ministry to write a training manual on IPM for buildings. During the past two and one-half years, the provincial trade association has held several IPM conferences devoted to particular pests, such as cockroaches or carpenter ants. Boric acid paste bait and sticky traps have become the mainstay for roach control in many facilities. The industry group has also sought help in explaining IPM to their customers, many of whom want pesticides to be sprayed so they get their money's worth. The provincial program plans to respond to this need with producing a fact sheet to explain IPM to consumers.

The Ministry's pesticide training and education program is revising the curricula and test for licenses to use and sell pesticides so that they conform to an IPM approach relying primarily on preventative practices, with pesticides only as the last resort. The goal is for all licensed applicators to be trained in IPM within 5 years.

For more information

Program materials will be posted on Internet later this year. Contact: lgilkeson@galaxy.gov.bc.ca (Email).

Source: New York Coalition for Alternatives to Pesticides, P.O. Box 6005, Albany, NY 12206-0005, 518-426-8246.

PESTICIDE INDUSTRY JUBILANT OVER THE CONTRACT ON AMERICA

The pesticide industry is ecstatic about the elections which shifted power to the Republicans in Washington (and a large number of states). The cover of *Pest Control Technology* magazine (January 1995) has a champagne cork popping with the headline, "Happy Days Are Here Again" and an explanation, "GOP Election Windfall Bodes Well for PCOs". The new Majority Whip (third most powerful position) in Congress is Republican Congressman Tom Delay, who owns Albo Pest Control in Houston, Texas.

The publication explains the "Bad News for Greenies" inside (page 32). "In a post-election interview, Senator Phil Gramm (R-Texas) said, 'Republicans will reaffirm the sanctity of private property with proposed legislation requiring monetary compensation to businesses and individuals adversely affected by environmental legislation' ... environmental matters will bear the scrutiny of a cost-benefit analysis ... logic will dictate there should be fewer regulatory restraints on the industry in the days ahead."

Thanks to Steve Tvedten of Stroz Services

THE FALLACY OF RISK ASSESSMENT

The Contract with America would bring government regulation to protect health and the environment to a standstill by requiring a risk assessment and cost-benefit analysis for every government regulation that might affect more than 100 people. These risk assessments and cost-benefit analysis would have to be approved by a government appointed peer review panel. Eligibility to serve on the peer review panels would be open only to scientists having recent professional experience with the substance in question. Industry scientists or representatives or those with a financial interest in the regulation would not be prohibited from serving on the panels.

"Eye of the Newt: An Analysis of the Job Creation and Wage Enhancement Act: Nov. 29, 1994, 18 pages) from OMB Watch, 1742 Connecticut Avenue, NW, Washington, DC 20009-1171. (202) 234-8494.

CLINTON KILLS CHEMICAL SAFETY BOARD

In January, to appease the Chemical Manufacturers Association and his opponents in Congress, President Clinton killed the Chemical Safety and Hazard Identification Board. This independent watchdog was created by Congress in 1990 (but never actually established) to investigate the causes of chemical accidents, issue reports to Congress and other federal and state agencies, and propose ways to reduce the risk of injuries arising from the production and use of chemicals. Clinton had started constituting the Board with the appointment of five highly qualified members.

(Continued on Page 13)

COSMETICS

DANGEROUS COSMETICS

People who use or work with cosmetics may be flirting with danger. At the University of California, researchers studied 58,000 hairdressers, cosmetologists and manicurists and found they had four times the usual rate of multiple myeloma, a malignant bone tumour. The suspect substances included hair dyes, shampoos, hair conditioners, relaxers, permanent wave solutions, detergents and nail products.

Other investigators have revealed that make-up, talcum powder and bubble bath are potentially harmful substances.

- Lipsticks and make-up may contain aluminum, a known toxin in humans, to make them long-lasting.
- Coal tar dyes, the major colouring agent in make-up, can result in dermatitis or skin cancer.
- Talcum powder is not innocuous. In 1982 Daniel Cramer, MD, reported in the journal *Cancer* that women in Boston who used talcum powder on their genitals and sanitary napkins had a 328 times greater risk of ovarian cancer.
- *Pseudomonas aeruginosa*, a bacteria highly resistant to therapy, can contaminate mascara and attack an eyeball scratched by microscopic abrasions from soft contact lenses or inadvertent damage by the applicator brush. Blindness can result.
- Adverse reactions to industrial foaming agents in bubble baths, like alkylarylsulfonate, can cause skin rash, urinary tract, bladder and kidney infections, genital disorders, eye irritations and

(Continued from Page 12 - LEGAL ISSUES)

The Chemical Safety Board was intended to play a role similar to the National Transportation Safety Board, which investigates airplane crashes and recommends ways to improve airline safety. In the U.S., at least 19 chemical accidents occur each day and seventeen past accidents spewed as much dangerous chemicals as were released at Bhopal, India.

The above three articles were reprinted from NYCAP News, P.O. Box 60005, Albany, NY 12206-00005. 518-426-8246.

respiratory disorders.

Cosmetics are a low priority in consumer safety since it is wrongly assumed they don't affect our health. Yet skin is not the barrier we once thought. Many medications are now introduced transdermally by patch. Almost everything put on the skin is absorbed to some degree.

Most cosmetics are poorly tested, especially for chronic application causing low-grade toxicity. Most have been scarcely tested at all, and only a few out of thousands have had expensive toxicity testing. Consumers who develop reactions rarely complain; they just stop using the product.

Ancient Poisonings

Ancient Egyptians were poisoned by mercury-laden face powder, while Elizabethan court ladies used arsenic face powder to whiten the skin. Cosmetic regulations were slow in coming. In 1933, a prominent New York socialite was blinded by "Lash Lure," used to

darken lashes and eyebrows. It remained on the market and, within a year, another woman died eight days after an immediate and extreme reaction to an application to only one eye. In 1938, the depilatory "Kormelu" was advertised as safe for arms, face and legs. It sold for \$10 a jar although the active ingredient was thallium acetate - a rat poison already proven to cause baldness, pain and paralysis.

Although cosmetics are potentially dangerous, in Canada there are presently no laws requiring companies to list product ingredients.

The U.S. Food, Drug and Cosmetic Act for consumer safety was enacted in 1938, although mandatory ingredient listing on packaging was not added until 1977. There is presently no mandatory Canadian ingredient listing on labels, although that will change under the new cosmetic regulations, which are undergoing final draft revision.

Ingredient listing can prevent problems like acne cosmetica -- the most common form of acne in adults. Unlike allergic reactions which occur within hours of exposure, acne cosmetica takes three months of repeated product application to appear; it regresses spontaneously after discontinuing the offending product for a further three months. Isopropyl myristate, a "slip and glide" consistency additive in most commercial moisturizers, is linked to acne cosmetica. Yet Canadian consumers with recurring breakouts cannot determine by ingredient listing if isopropyl myristate is a potential cause.

Common Allergens

Allergies are the most common reaction from using cosmetics. A study by the North American Contact Dermatitis Group between 1977 and 1980 found that among 8,093 dermatology patients, 487 cases were cosmetic-related. In half of these cases, neither doctor nor patient suspected cosmetics. Eighty percent of the cosmetic problems were allergic, the rest being other skin reactions such as photosensitization (permanent brown patches formed when the sun combines with perfume). the most frequent allergens were fragrances, preservatives and lanolin derivatives p-phenylenediamine and propylene glycol. Although lanolin is a natural ingredient, natural does not mean less reactive. Orris root, a natural ingredient in powder make-up, is a common cause of acne.

"Hypoallergenic" does not guarantee no allergies but only minimizes well-known culprits. "Unscented" does not mean no fragrance ingredients since masking fragrances (which cover up unpleasant chemical odours) do not have to be identified. AETT (acetyl ethyl tetramethyl tetralin) masking fragrance was used from 1958 until 1978, when it was found to be a neurotoxin that turned rat and rabbit organs blue.

Remember hexachlorophene? Widely touted to kill germs, at one time 30 per cent of all cosmetics contained it. From 1964 to 1972, it was implicated in dermatitis, brain damage in

Formaldehyde does more than preserve the dead: it may also be found in your shampoo and mouthwash.

rats, and convulsions in babies. After 30 babies in France died from being dusted with hexachlorophene, it was restricted to prescription.

Battling Bacteria

Preservatives in cosmetics extend shelf life by preventing bacterial contamination. Formaldehyde is a preservative used not only in autopsies, but in shampoos, mouthwash and nail hardeners. Omitted from hypoallergenic nail polish, it often causes inhalant fume reactions. The preservatives methyl and propyl paraben used in traditional cosmetics extend shelf life much longer than natural antioxidants like Vitamin E, which lasts only for six months to a year. These chemicals, however, are far less safe than natural substances.

Preservatives may break down at high temperatures (out in the sun, or in the car) allowing bacteria to develop. Consider refrigeration for all natural creams and lotions. One company has a clever solution -- high gauss magnets embedded into the jar, creating a magnetic field hostile to bacteria.

Heavy Metals Found in Hair Dyes

Hair tonic to colour the grey once contained lead, and many barbers died of lead poisoning. Not only is lead acetate the active ingredient in "wash away the grey" progressive hair dyes targeted to the male market today but, in 1981, the industry was allowed to add arsenic and mercury! These heavy metals can be absorbed through the scalp.

In 1978 -- 22 years after the first study showed that 2,4-TDA hair colour enters the body through skin or scalp abrasions, causing black urine and breakouts -- it was restricted from all but seven hair dye colours, where it is still allowed. The same year, it was shown that ingredients in hair dyes caused cancer in

animals. A study of hair dye genotoxicity, published in the *American Heart Association Journal* in December 1979, revealed that women who colour their hair have greater chromosomal damage than women who have never done so. This suggests that hair dyes may have carcinogenic and mutagenic effect in humans. Punk colours tested worse than those covering grey. Warning label attempts were unsuccessful.

Take care when selecting a shampoo. Many contain potentially harmful ingredients.

Consumer Action

Until the new labelling legislation takes effect, write to companies and request ingredient listings. If the product is available in the U.S., check the labels while visiting. Know what chemical names mean: look them up in the *Physicians Desk Reference*, *Merck Index*, or *CFTA Cosmetic Ingredient Dictionary*, available in libraries. Try samples and purchase from retailers offering a money-back satisfaction guarantee. Use applied kinesiology, a technique offered by some chiropractors, nutritionists and other holistic therapists, to test for sensitivities to products. It's also wise to check out health food stores, which stock a wide variety of high-quality natural cosmetics moisturizers, bath oils, and hair care products. Another option is to consult an esthetician (skin care specialist), most of whom offer natural skin care products that can be customized for your personal needs.

What follows is a sampling of both beneficial and harmful cosmetic ingredients, applied by the average consumer at the rate of 35 pounds per year:

BENEFICIAL:

Vegetable gum - includes tragacanth, guar and sodium alginate. These thicken emulsions and make them creamy, but all are subject to deterioration and need a preservative. No known toxicity other than allergy in hypersensitive persons.

Keratin - non-toxic protein solubilized from animal horns, hoofs, feathers and quills. Used in permanent waves, shampoos and hair conditioners.

Hyaluronic acid - natural protein found in umbilical cords, used as a cosmetic oil. No toxicity.

Sodium PCA - a naturally occurring component of human skin that binds moisture. No toxicity.

Tea Tree oil - essential oil from leaves of an Australian tree, used as a germicide and to speed healing. No toxicity.

HARMFUL:

Butylene glycol - preservative with low threshold for skin irritation, which helps resist humidity in hair sprays and setting lotions.

Zirconium - used to tone pigment colours, especially in nail polish. Low systemic toxicity but its use was banned from sprays in 1976 when it was found harmful to monkey lungs.

Tartrazine (yellow #5) - derived from coal tar, those allergic to aspirin are often allergic to tartrazine.

Potassium bromate - antiseptic and astringent in toothpaste, mouthwash and gargles. Very toxic if taken internally. May cause bleeding and inflammation of gums in toothpaste.

Nickel sulphate - heavy metal used in hair dyes and astringents. Frequently causes skin rash when used in cosmetics.

Resorcinol - antiseptic, anti-itching, antifungal used in dandruff shampoos, hair dyes and lipstick. Very irritating to skin and mucous membranes.

Carola Barczak, MA, RMT

References:

Brumberg, Elaine. *Take Care of Your Skin*, New York: Harper and Row, 1989.

Stabile, Toni. *Everything You Want to Know About Cosmetics*. New York: Dodd, Mead & Co., 1984.

Winter, Ruth. *Consumers' Dictionary of Cosmetic Ingredients*. New York: Crown Publishers, Inc., 1989.

Carola Barczak has over 20 years' experience in alternative health. She currently teaches clinical nutrition at the Ontario College of Naturopathic Medicine and at Sutherland-Chan Massage School. Carola also owns Figure and Face Salon in Toronto, which specializes in natural treatment skin care.

Reprinted from *HEALTH NATURALLY* October/November 1994, Box 149 Nobel, Ontario P0G 1G0. 705-746-7839.



OUTDOOR AIR

BUGGED BY GARDEN PESTS?

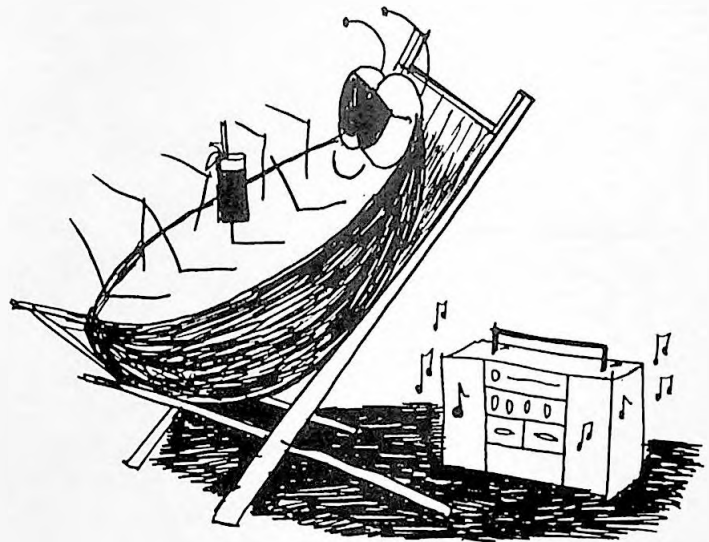
Natural Solutions that Work

The labels on pesticides may be beautiful, showing apples as round and red as babies' cheeks, roses as speckless as *Playboy* centrefolds, and lawns as brilliantly green and even as the plastic turf in the Astrodome. The fine print on the back of the box tells a different story, however: "Do not apply to a food crop within 10 days of harvest"; "Avoid inhaling spray mist or contact with skin, eyes or clothing"; "Keep children and pets away from treated area during application and until dry."

Garden stores devote entire aisles to packages like this, with bright labels and toxic contents that suggest a garden both untouchable and inedible. I am amazed to see people who look as though they would never think of smoking blithely picking up armloads of poisons to spray on the garden, a place meant to be beautiful, approachable and nurturing.

Behind the warnings on pesticide labels is an accumulating body of evidence showing that these chemicals - formulated to kill insects, fungi or weeds - are harmful to many living things other than just the target pests or diseases (which are, in any case, rapidly developing resistance to every pesticide formulated to kill them). Health problems, many of them documented in medical journals, vary from allergic responses and lowered sperm counts to lung damage, cancer and death.

Furthermore, **less than one-tenth of one percent of the pesticide may contact the target insect.** The remainder is dispersed into the air, soil or water to become an environmental contaminant, polluting wells and lakes and killing honeybees, fish and other wildlife. A general deterioration worldwide in the safety of air and water can be blamed in part upon



agricultural chemicals. Although home gardeners might think that the small amount they use will make little difference, studies in the U.S. have shown that acre for acre, home gardeners use four times as much pesticide as farmers.

Gardening Wisely

So what is a conscientious gardener to do? First, stop buying and using synthetic pesticides. Just as important, alter your gardening expectations. The perfect produce you see pictured on the pesticide labels may demand too high an environmental price (perfection may not come with using the product anyway). Spots on the apples and specks on the roses may be better for you than the cure for spots and specks. Choose disease-resistant plants wherever possible.

The next thing to pay attention to is overall garden health, which means looking not just at the plants, but also at the soil and at the garden's supply of sunlight and water. A garden is best able to resist pests and diseases if plants have been chosen to suit the growing conditions. Most vegetables require several hours of full sun a day and deep soil with lots of organic matter such as compost. Plants should not be overcrowded. Watering should be infrequent but thorough. Use air temperature water if possible. Rainwater collected in barrels from the eavestroughs is perfect. Take a walk through your garden every day, if possible, so that you will see pests or disease problems as soon as they appear. Mechanical means of getting rid of pests are, of course, the safest: squishing, trapping, brushing off. Attract insect-eating birds by installing birdhouses and baths. Dormant oil and sulphur sprayed on fruit trees in early spring takes care of many overwintering pests. Another mechanical cure is diatomaceous earth, which is marketed in some garden stores. It acts as an abrasive barrier to a variety of crawling insects. An effective remedy for preventing fungal diseases is plain old baking soda. Add one teaspoon of soda to a litre of water and spray flowers and vegetables once a week.

Benign Sprays

If you do decide to spray, there are several fairly benign products on the market. Botanical pesticides - substances made from plants - can be just as toxic as the synthetics when applied. They kill beneficial insects as well as pests, but have the advantage of degrading quickly into harmless by-products. The most common are rotenone and pyrethrum. Rotenone, made from the roots of certain tropical plants, kills a wide range of pests, including Colorado potato beetles, squash beetles and cucumber beetles. It is a powerful toxin that can harm people and is deadly to fish, so it must be applied with care on a calm, unwindy day and kept away from

bodies of water. Pyrethrum, made from pyrethrum daisies, is similar, though far less dangerous to humans than rotenone. Pyrethrins are the active ingredients. Pyrethroids, synthetic versions of pyrethrins, are common in indoor pesticides, but they may have more dangerous side effects than botanical pyrethrins.

Herbs Triumph Over Pests

Soap is another relatively safe spray. It kills pests and also acts as a deterrent to creatures that might otherwise munch. There are several formulations on the market, ready to spray, or you may want to try making your own. Almost every organic gardener has a favourite recipe, usually fortified with herbs and other plants that contain insecticidal ingredients themselves - pressed garlic, cayenne, citrus peels. Here is one that works for me: to a litre (one quart) of rain water - soft water works better than hard - add two crushed cloves of garlic and one tablespoon of cayenne seeds. Shake. Add one teaspoon of plain, unscented dish detergent, stir, let steep for a couple of hours and spray. This will wash off plants when it rains, so it must be reapplied whenever pests are seen.

Jennifer Bennett, who lives near Kingston, Ontario, is author of The Harrowsmith Northern Gardener and Lilies of the Hearth.

Reprinted from *Health Naturally*, October/November 1994, Box 149, Nobel, Ont., POG 1G0, 705-746-7839



BOOK REVIEWS

Gibson, Pamela Reed. **"Environmental Illness/Multiple Chemical Sensitivities; Invisible Disabilities"** in Journal Women & Therapy.

Dr. Gibson, Clinical Psychologist and Assistant Professor of Psychology at James Madison University, talks about just how hard it is to be part of a population of people with hidden disabilities. She describes sometimes dramatic lifestyle changes patients may need to make in order to survive. "Women who suffer effects this serious must make lifestyle accommodations that rob them of social, economic, and personal opportunities."

The paper stresses just how important it is for the health professional and particularly the mental health professional to "have a basic knowledge of this illness, and be aware that not all psychological symptoms are psychologically caused." A list of over two dozen secondary consequences of coping with this debilitating illness highlights many of the poignant realities of those afflicted with MCS. These include

- loss of health, job, mobility, lifestyle and friends;
- physical and mental isolation;
- lack of choice about what emotions to show in public because of the unpredictability of reactions triggered without warning;
- lack of privacy about health and health problems;
- loss of choice regarding lifestyle choices;
- all resources are taken up with coping with the illness; and
- the process of acceptance of illness is interrupted by periods of feeling good during which the person begins as much as possible to push the illness out of consciousness. "The next exposure is thus a devastating experience as the

person was hoping that the disease, which had not reared its head for awhile, was gone."

Copies of **"Environmental Illness/Multiple Chemical Sensitivities"** are now available from NCEHS for US\$3.00. Write 1100 Rural Avenue, Voorhees, NJ 08043, 609-429-5358

Reprinted from *Positive Reaction*, Box 27545, Yorkdale Postal Outlet, Toronto M6A 3B8

Greenberg, Ron and Angela Nori. **Freedom from Allergy Cookbook**. Vancouver: Blue Poppy Press, 1990.

I was able to find this book in the Toronto public library system. It was well worth searching for. I found some delightful new pancake recipes that did not call for any flour made from grains. The book is spiral-bound so you can lay it flat.

-Betty Auslander

Graves, Tom. **The Dowser's Workbook, Understanding and Using the Power of Dowsing**. Sterling Publishing, 1990.

Learn how to use many different dowsing tools. Dowsing for water and minerals is covered as well as how to dowse your foods and supplements. A good basic start. Further reading is listed in the back.

Klein, Ph.D., Robert A. and Goodman Landau, Ph.D., Marcia. **Healing the Body Betrayed, A Self Paced, Self-Help Guide to Regaining Psychological Control of Your Illness**. 1992.

This is an information/workbook for those with a chronic illness. There is also a section set aside for helping your child if he/she is afflicted with a chronic illness. It is realistic and helps the sufferer deal with those surrounding him as well as his/her own problems.

Above 2 book reviews reprinted with permission from *Ecological Health Alliance*, 1019 Lodge Ave., Victoria, B.C. V8X 3B1 Phone/Fax (604) 384-8892

Makower, Joel. **Office Hazards. How your job can make you sick.** Washington: Tilden Press, 1981.

It is very interesting to read a book written in 1981 on clerical jobs. There is no mention of environmental hypersensitivity but there is thorough documentation and concern about indoor air pollution, fluorescent lights, and the stress and radiation from video display terminals. The data is still relevant today.

This is a book that empowers office workers by giving them enough information about office health hazards to work with employers or unions to decrease or eliminate them.

-Betty Auslander

Null, Gary. **No More Allergies. Identifying and Eliminating Allergies and Sensitivity Reactions to Everything in your Environment.** New York: Villard Books, 1992.

Gary Null, an environmental activist, based this book on interviews with renowned Doctors of Environmental Medicine like Drs. Rea, Robbins, Zamm and Rapp. The book touches on all known allergy-producing substances; how the allergies can manifest themselves; and the importance of environmental medicine. It contains a list of published articles in the field of environmental medicine that is 54 pages long.

While all this is laudable, I was not very impressed with the book. It covers topics like viruses or chronic fatigue syndrome rather too quickly and categorically. The book contains a whole hodge-podge of recommendations, including vitamins, herbs, magnets, detoxifying the home, without relating them to specific causes (e.g., formaldehyde) or symptoms.

- Betty Auslander

Rogers, Sherry A. **Healthy Homes Video Series Presents Environmental Medicine With Dr. Sherry A. Rogers, An Educational Videotape for Home, School and Business Use.**

Available from Robin Kormos, 149 Avenue A, New York, NY 10009, (212)460-8921. US. \$14.95.

This 30-minute videotape gives a good overview of multiple chemical sensitivities, including causes and treatments. Dr. Rogers is interviewed at length, and several patients are spotlighted. The presence of an outside authority or two would have given additional credibility to the presentation. Nonetheless, the discussion is easy to follow, and production quality is excellent. This is a useful addition to one's MCS library and should prove helpful as a quick, credible explanation of MCS for family, friends and others.

-Diane Thomas

Reprinted from *Human Ecologist*, P.O. Box 49126, Atlanta, GA 30359-1126.

Saifer, Phyllis and Zellerback, Merla. **Detox. A Successful and Supportive Program for Freeing your Body from Physical and Psychological Effects of Pollutants.** Los Angeles: J.P. Tarcher, 1984.

The authors of this book have taken a toxicological approach to environmental health issues. They differentiate between toxic and allergic reactions and then explain how the body tries to eliminate toxins. They give information on helping your body to health through cleaning up your environment and your diet. They also cover detoxifying from substances like alcohol, drugs, nicotine and sugar. Some of the material in this book is out-of-date. There are more recent books that will be more useful to the environmentally sensitive wanting to recover their good health. However, the toxicological approach, in this book, is most interesting.

-Betty Auslander

TIP SEEKERS

QUESTIONS...

...Answers or tips that you may have on "safer" products or lifestyles are welcome. Please address them to: The Tip Seekers, 85 Walmsley Blvd., Toronto, Ontario M4V 1X7

TAX TIP

I was recently contacted by a woman who had been successfully claiming organic food and vitamin supplements as Medical Expenses on her Income Tax returns. However, when an audit was done the claim was disallowed. Unfortunately, this is not an allowable item. Beginning in 1988 the following items became eligible:

Specifically, for individuals diagnosed by a licensed medical practitioner to be chronically environmentally hypersensitive, the following items are new eligible for the assistance:

- water filtration devices and non-carbonated bottled water required to permit consumption tolerance;
- electric furnace if the existing non-electric furnace is no more than five years old; and
- fixed or portable air intake purifiers, but not including air conditioners or heat pumps.

Upon initially submitting a claim for these items, it will be necessary to provide a letter from a licensed medical practitioner certifying that the individual in respect of whom the purchase was made is diagnosed as being chronically environmentally hypersensitive and that the items were prescribed by that physician as part of the treatment. In this way tax assistance will be focused on those who are required to

purchase such items rather than the broader range of individuals who purchase items for reasons of personal preference. Thus, in the case of bottled water, claimants are to prorate expense to reflect their portion of total household consumption.

(Excerpt from a letter from The Minister of Finance).

Other items which may be claimed include:

- Travelling to get treatment not available locally;
- Disability Tax Credit;
- Amounts paid for a part-time or full-time attendant.

See your General Income Tax Guide or contact Revenue Canada for further details. You may also request the Interpretation Bulletin, IT-519, Medical Expense and Disability Tax Credits from Revenue Canada.

If you've missed claiming any of these items in the past and feel you are eligible you may request that past years' returns be adjusted to include them. Again, write or call Revenue Canada for assistance, or discuss with your tax advisor.

-Donna Keddie

SOME IMMUNE BOOSTERS

You have probably noticed that, in the past three years, people are experiencing common flu symptoms (including headaches, neck and head pain) more frequently and with ever worsening symptoms.

These symptoms are likely caused by mutated bacterial infections related to tuberculosis, meningococcus and streptococcus. (As part of their survival strategy, bacteria continually

mutate. The mutated strains have become noticeably stronger in the last few years.)

As paradoxical as it may seem, those of us that respond with flu symptoms are the most healthy. Our immune systems are actually working to eliminate the bacteria. Unfortunately, in some of us, the immune system gives up fighting; symptoms cease; and we can develop chronic syndromes like chronic fatigue, organ weakness or even cancer. The infection seems to cause whatever weakness we have to get worse.

Once antibiotics were touted as the panacea to all bacterial infections. They are important to use when the infection is very serious and when the bacterial strain is not antibiotic resistant. (Antibiotic resistant bacteria are common now and may become predominant in the next 5-10 years.)

The best advice on building up our immune systems seems to be to eat organic food; drink plenty of water (6 twelve ounce glasses daily of water either filtered by reverse osmosis or boiled 5 minutes); and exercise regularly. Excellent supplements (identified by testing on vegatest machine) include Green Kamut (1 tsp. a day) which is available from health food stores; and from Chinese herbalists:

- Bird's Nest (soak overnight and then simmer in soup for 1-2 hour)
- Pearl Powder (1/2 tsp a day)
- Ginseng - Wild or Cultured Canadian taken as 1 cup of tea daily (to prepare simmer 20 ginseng flakes in 1 litre of water for at least 3 hours. When the tea is finished you can simmer the same flakes for another 3 hours. Then use them up in soup and make sure to eat them!)

-Betty Auslander

UNSOLVED QUESTIONS

1. Where are the least polluted areas of Canada to live in? Has anyone with environmental hypersensitivity moved to a place where the outdoor air is excellent? P.B., Guelph.
2. I am interested in purchasing a car filter that eliminates pollens, and fumes from entering the car. What have you found effective? M.V., Toronto.

OFFICE SPACE SOUGHT

Corporate PR Consultant looking to share office space and secretarial in an environmentally safe office. Approx. 500 sq./ft in mid-town/downtown Toronto. Smaller building with windows that open preferred. Please call 416-322-7624.

Pat Davey writes from Deep River to tell us about Omegaki Wilderness Centre, located just outside Pembroke, north of Algonquin Park, about 2.5 hours from Ottawa and 5 hours from Toronto.

She reports the director of the camp is committed to having the camp as chemically free as possible. The lodge operates entirely on solar, wind and composting technologies. The floors are ceramic tile and pine. The menu is primarily vegetarian with lots of organic produce used. The camp will gladly cater to individuals with special dietary needs.

For more information write to Omegaki Wilderness Centre, RR #4, Pembroke, Ontario K8A 6W5, 613-732-0780.

BOARD OF DIRECTORS MINUTES

AEHA - National Teleconference & Board Meeting- March 25, 1995

The following are highlights of the board meeting, of interest to the general membership:

1. **Treasurer:** - National is in need of a new Treasurer. Volunteer anyone?
2. **Donations to AEHA:** - In order for charitable receipts to be issued from our Association, cheques must be made out to and cashed by National. If the donation is indicated to be used by a Branch, National will then transfer the funds to the Branch. This is a Revenue Canada rule we must follow in order to keep our charitable status.
3. **Education:** - Elizabeth Stutt advised that the Student Kit is now available at a cost of \$25.00. A promotional letter/order form will be sent to all school boards in Canada and to anyone who has contacted the Education Committee for information. Anyone else interested may contact Elizabeth at (613) 825-8388.

Ottawa branch is presenting a Workshop on the Environment of Learning May 30 (during National Access Awareness Week). Proceeds to Dr. Krop Defence Fund. AEHA has been accepted as a partner in NAAW and will be included in its advertising materials. During this week, Ottawa will also have a scent-free church service and a tour of the Research House for the Environmentally Sensitive.

4. **Quarterly advertising policy:** - MOVED by Greg Booth, seconded by Leslirac Rotor, that it is the recommendation of the AEHA National Board that *The AEHA Quarterly* include advertising in future issued up to the limit permitted for second-class mail status. Carried. B.C. and Nova Scotia are participating on the Editorial board in a consultative capacity.
5. **Housing Committee (Victoria EHA Branch), Robin Barrett, Katy Young, Dr. Macleannan**

Subsidized Housing: Dr. Macleannan indicated that he felt that there is a real need for subsidized housing for our population and that he feels that we need to have a fund-raising campaign to raise funds for projects. He feels that these projects need to be situated in the outskirts of towns or in rural areas, preferably near lakes. He suggested that we write to Housing authorities requesting subsidized housing. Elizabeth Stutt suggested that we should be asking for regulations requiring all subsidized housing projects to include housing for the environmentally sensitive.

Greg Booth asked Dr. Macleannan if he would be willing to be interviewed at National on the housing issue and he agreed. Greg Booth will arrange this.

6. **Communications Committee** - Elizabeth Stutt reported that she had received a copy of a videotape from Nancy Hamilton. Elizabeth agreed to

ask Kelly Dickinson to produce a videotape for all branches which would include the Suzuki show, 60 minutes on the gulf war, Barrhaven Housing Units (Marketplace), Virginia Salares' presentation on The Clean Air Guide, Doris Rapp's tape, Jeff Phillips presentation to last year's AGM, etc.

7. **Freedom of Choice/Defence fund for Dr. J. Krop:**

Karin Cremasco/Kitchener fund-raiser: Donna Keddie reported that \$180 was raised with this event with 60-70 people in attendance. Dr. MacLennan stressed the importance of continuing the letter-writing campaign.

8. **Meeting with George Thomson:** - Ed Lowans reported that he, Leslirae Rotor and Elizabeth Stutt had met on February 18, 1995, with George Thomson. Mr. Thomson has agreed that given that it is 10 years since his report was released that it is an appropriate time to lobby the government on our issue. He has agreed to contact the Ontario Human Rights Commission and Ruth Grier and to keep us informed.

9. **Learning Disabilities Association of Canada Resolution:** - All agreed that this is an excellent resolution worthy of our support. It was agreed that this motion should be presented at our national AGM and that a press release should be issued giving our support to this resolution from our AGM. This resolution asks for the speedy adoption of developmental neurotoxicity testing for substances such as food-additives and colours consumed by children, pesticides, drugs and priority chemicals.

10. **Women's Environmental Network:** - Donna Keddie advised that the Women's Environmental Network will be distributing 4000 copies of a brochure in the Ottawa area on the dangers of pesticides.

11. **Participation on an International Design Committee:** - Ed Lowans advised that he has been invited to sit on an international design committee which sets the benchmarks for architectural design. **Our congratulations.**

12. **HEAL Saskatchewan:** Elizabeth Stutt advised that HEAL (Human Ecology Action League, a US-based group) has opened a branch in Regina; she will contact this branch to let them know about AEHA.

13. **Liaison with US Groups:** Ed Lowans advised that AEHA is corresponding with the Gulf War Veterans group and with a new national umbrella group for persons with chemical sensitivities.

14. **Dr. MacLennan - New Patients:** Leslirae Rotor asked Dr. MacLennan if he is accepting new patients. He indicated that he is still taking new patients but that he prefers to see children.

15. **College of Physicians and Surgeons of Ontario:** Nora Schalihorn indicated that she is receiving calls referred to her by the College of Physicians and Surgeons of Ontario.

- Donna Keddie

BRANCH NEWS

We would like to publish a summary of branch activities in each AEHA Quarterly. Please send a copy of your newsletter, minutes or a summary of events to Marianne Bertrand, 176 Bellefair Ave., Toronto, Ontario M4L 3T9.

KITCHENER BRANCH

This branch publishes an interesting newsletter that publicizes upcoming meetings, tax tips and sources for relevant products.

Their spring meeting featured Dr. P. Bright speaking on "Allergies and Sensitivities from Infants to Adults".

NOVA SCOTIA BRANCH

In addition to monthly branch meetings, the Nova Scotia Branch has had full membership meetings with speakers on Incineration; the Barrhaven Project; Wellness seminar; nutrition; and Drug Free Lawns and Gardens. The Branch maintains a library and a list of sources of organic and less chemically contaminated food.

Their very fine Update Newsletter has included articles on healthy housing, recipes, acupuncture, homeopathy and chronic illness.

OTTAWA BRANCH

This busy branch with 249 members has organized a food buying club; fund-raising activities including buttons and T-shirts; a library; a scent-free ecumenical service; an open house at Research House; a workshop on the Environment of learning; an Eco-faire booth. They will host an upcoming series of speakers including Dr. Lyn Marshall on diagnosis of environmental sensitivities; Adel Francis on Scotopic Sensitivity Syndrome; Dr. Toplak on Mercury Amalgam Testing; and Gail Bedy on Von Rump Technique.

This branch also focuses on getting schools and school boards to use acceptable products that minimize chemical outgassing. They have developed a Healthy Schools Package for school boards, teachers and parents. The cost is \$15 and can be ordered from Elizabeth Stutt, 196 Sherway Drive, Nepean, Ont. K2J 2G6. Phone: 613-825-8388. Fax: 613-725-1070.

VICTORIA BRANCH

The Ecological Health Alliance joined the AEHA in the winter of 1995. Current work includes working with the Housing Ministry to design one unit for a sensitive person; accumulating data and lobbying on the issue of BTK Pesticide Spray.

Monthly support group meetings are held on the second Thursday of each month. Each meeting has a different theme e.g., Neurolinguistic programming, the Behavioural Barometer, acupuncture, meditation/relaxation.

WATERLOO-WELLINGTON BRANCH

This branch schedules interesting speakers for their members. At the March 21 Annual Meeting, Cheryl Collings spoke on "Electromagnetic Fields and Your Environment". The branch manages to find very interesting and relevant articles to photostat for their members.

-Betty Auslander



PROFESSIONAL LISTINGS

PROFESSIONAL LISTINGS

We are developing lists of health professionals who work with the environmentally sensitive. If you are interested in having your name put on this list, send a letter describing the kind of services you provide to Betty Auslander, 85 Walmsley Blvd., Toronto, Ontario, M4V 1X7.

We are providing this list as a service to our members. However, each member should decide very carefully who she/he wants to work with. Inclusion in these listings does not imply endorsement by the AEHA.

MEDICAL DOCTORS IN THE CANADIAN SOCIETY FOR ENVIRONMENTAL MEDICINE

Doctors, who are members of the Canadian Society for Environmental Medicine, mainly work with patients that have environmental sensitivity disorders like multiple chemical sensitivity, asthma, hay fever, dermatitis, chronic fatigue syndrome, candida and lupus. Most of these doctors have taken extra training in this area through the American Academy of Environmental Medicine.

J. Aubry, M.D., Sturgeon Falls, 705-753-2300
P. Bright, M.D., Mississauga, 905-564-0122
E. Elliott, M.D., Dartmouth, 902-463-1525
A. Fargas-Babjak, M.D., Burlington, 905-521-2100
L. Gilka, M.D., Ottawa, 613-820-6118
J. Gerrard, M.D., Saskatoon, 306-653-3631
R. Greenberg, M.D., Vancouver, 604-733-1055
A. Haque, M.D., Regina, 306-757-6688
H. Krop, M.D., Mississauga, 905-564-0122
J. MacLennan, M.D., Dundas, 416-628-8241
R. Mickelson, M.D., Gloucester, 613-830-5764
J. Molot, M.D., Ottawa, 613-235-6734
G. Stiller, M.D., Tecumseh, 519-735-2128
W. Tetz, M.D., Lacombe, 403-782-3513
M. Zazula, M.D., Mississauga, 416-276-7754

ENVIRONMENTAL HEALTH CLINICS

Women's College Hospital, Toronto 800-417-7092
Randolph Clinic, Chicago 708-577-9451
Maley Clinic, Texas 903-793-1153
Nova Scotia Clinic, Halifax 902-428-7089
Tri-City Hospital, Dallas 214-381-7171

OTHER HEALTH PROFESSIONALS

H. Adirim, DDS, ND, Toronto 416-922-6866
N. Ajina, MD, ND, Vancouver 604-737-3600
F. Anello, M.D., Cambridge 519-653-3731
M. Basie, DDS, Vancouver 604-736-7455
N. Beserminji, MD, ND, Toronto 416-265-3309
R. Chan, MD, Toronto 416-223-8666
F. Chen, MD, ND, Halifax 902-492-8839
L. Christian, ND, Willowdale/Oakville 416-226-4478
D. Colson, DDS, Toronto 416-482-2133
S. Gislason, MD, Vancouver 604-872-5999
P. Gleisberg, N.D., Battleford 306-937-2204
J.P. Grod, DC, Etobicoke 416-695-3613
B. Ihara, ND, Victoria, 604-478-1333
P. Jaconello, MD, Toronto 416-463-2911
K. Kerr, MD, Toronto 416-927-9502
I. Korman, MD, Willowdale 416-222-3175
J.W. LaValley, M.D., Chester 902-275-4555
D. Li, MD, ND, Halifax 902-492-8839
D. Manchester, ND, Kamloops 604-372-8900
J. Phillips, PSYCH., North Bay 705-476-1635
S. Pilar, MD, Vancouver 604-739-8858
A. Powell, MD, Toronto 416-469-4250
Z. Rona, MD, Toronto 416-534-8880
G. Roth, DC, ND, Toronto 416-234-1888
J. Seale, MD, Ottawa 613-830-1298
K. Shallcross, D.C., Oakville, 905-844-3776
F. Shames, DC, Victoria 604-727-9501
F.L. Stanfield, MD, Calgary 403-294-1187
H. Steele, NC, Chatham 519-354-3660
W.H. van Hoogenhuize, MD, Bradford 905-775-2976;
Collingwood 705-444-1555
G. Wagstaff, ND, Winfield 604-766-3633
K. Wolch, DMD, Toronto 416-281-4746
A.A. Wood, DC, ND, Shelburne 519-925-0122
P. Yam, MD, ND, Sidney 604-656-7178

DC - Chiropractor; ND - Naturopath; DDS - Dentist

WORK RELATED CHEMICAL SENSITIVITIES

To help determine whether you are sensitive to items at work:

Occupational Health Unit, Lakeshore Area Multi-Service Project, 185 5th Street, Etobicoke, Ontario M8V 2Z5, 416-252-6471, Ext. 229.

SOURCE DIRECTORY

ARCHITECTS/DESIGNERS

Greg Allen & Associates, Toronto 416-962-6193
Arkwright Design Consultants Ltd., Toronto
416-463-8373
David Leslie, Quebec 418-648-8168

BUILDERS & RENOVATORS

Arkwright Design Consultants Ltd., Toronto
416-463-8373
Green City Design, Toronto 416-691-2477
Greg Allen & Associates, Toronto 416-962-6193
Rulestone Renovations, Toronto 416-694-6016

CONSULTANTS

M. Burstyn, Patient information about chronic illness
416-832-0789
A. Dow, Healthy Homes and Workplaces, Red Deer,
403-341-4710
P. Kwong, EMF Consultant, Red Deer, 403-340-
8603
Lowans & Stephen, Caledon 519-940-0964
S. Savary, Home Environmental Audits, 514-733-
9481
B. Small, expertise in building products that contain
minimal levels of chemical irritants
416-649-1356

COTTON SUPPLIERS

Fabricland
C. McDiarmid, Born to Love, 15 Silas Hill Drive,
North York, Ontario M2J 2X8
Textile Connection and Natures Clothing Co.,
26 Harding Blvd., Richmond Hill, Ont., L4C 1S8,
905-508-7539
Helen Turner, Box 151, Perdue, Sask., S0K 3C0

GOVERNMENT AGENCIES

For complaints regarding paint and/or pesticides
write: Product Safety Bureau, Health Protection
Branch, Place du Portage, Phase I, 17th Floor, 50
Victoria Street, Hull K1A 0C9

For cosmetic complaints write: Disinfectants and
Cosmetics Division, Health Protection Branch, 1600
Scott St., Holland Cross, Tower B, 4th Floor, Ottawa
K1A 1B6

GRASSROOTS ORGANIZING

School Air Quality, 30 Riverdale Ave.,
Toronto M4K 1C3
Toronto Biotechnology Initiative 416-392-4780

INFORMATION

Consumer Health Information Service will provide
lists and copies of articles on any medical problem of
interest to you. 1-800-667-1999.
Green Eclipse - free referral service on healthy home
products and services, Toronto 416-966-7416; Ottawa
613-788-3100.

MATTRESSES - MADE TO ORDER

Beam Bedding, Waterloo 519-743-3219
Ontario Bedding, Fergus 519-843-1100
Royal Mattress, Head Office 416-681-2023

PESTICIDE ALTERNATIVES

Canadian Organic Growers Quarterly, Box 6408,
Station J, Ottawa, Ont., K2A 3Y6
Community Supported Agriculture, Box 127,
Wroexter, Ontario N0G 2X0
Organic Gardening Information, 1-800-268-2000.

TRAVEL GUIDE

ACCOMODATIONS LISTING available from
Human Ecology Action League, Box 49126, Atlanta,
GA 30359 (U.S.)

VOLUNTEERS NEEDED

Illness Following Exposure to Toxic Carpets
416-766-9382

BASIC READING

BASIC READING ON ALLERGIES & SENSITIVITIES

ALLERGIES

Golas, Natalie and Golos Golbitz, Francis. Coping With Your Allergies. New York: Simon and Schuster, 1979.

Krohn, Jacqueline, M.D., Frances A. Taylor, M.A., and Eria Mae Larson, R.N., The Whole Way to Allergy Relief and Prevention, Vancouver: Hartley & Marks Ltd., 1991.

Randolph, Theron G., M.D. and Ralph Moss. An Alternative Approach to Allergies. New York: Harper & Row, 1990.

CHILDREN

Rapp, Doris, M.D. Is This Your Child? New York: William Morrow and Company Inc., 1991.

Crook, Wm. G., M.D. and Stevens, Laura. Solving the Puzzle of Your Hard-To-Raise Child. Random House, 1991.

FOOD

Hurt Jones, Marjorie. The Allergy Self Help Cookbook. Emmaus PA: Rodale Press, 1984.

Crook, Wm. G., M.D. Tracking Down Hidden Food Allergies. Jackson, Tennessee: Professional Books, 1980.

Greenberg, Ron and A. Nori. Freedom from Allergy Cookbook. Vancouver: Blue Poppy Press, 1988.

HOUSE

Bower, John. The Healthy House. New York: Carol Publishing, 1991.

Dadd, Debra Lynn. Non-Toxic Natural and Earthwise. New York: Jeremy P. Tarcher, Inc., 1990.

Rousseau, Rea, Enwright. Your Home, Your House and Wellbeing. Vancouver: Hartley and Marks, 1989.

Zamm, A.V., and Cannon, R. Why Your House May Endanger Your Health. N.Y.: Simon and Shuster, 1980.

A BIT MORE TECHNICAL

Ashford, Nicholas, A., Ph.D., J.D., and Claudia S. Miller, M.D., M.S. Chemical Exposures-Low Levels and High Stakes. New York: Van Nostrand Reinhold, 1991.

Bell, Iris, R., M.D., Ph.D. Clinical Ecology - A New Medical Approach to Environmental Illness. Bolinas, CA: Common Knowledge Press, 1982.

Rogers, Sherry A., M.D. Tired or Toxic? Syracuse, N.Y.: Presitge Publishing, 1990.

AEHA INFORMATION RESOURCE LISTS

Available from Joanna Anderson, 356 Rankin Dr., Burlington L7N 2B4.

Chemical Exposures - General
Chemical Exposures - Technical
Chemical Exposures - Formaldehyde
Children
Food and Diet
Housing and Environmental Sensitivity
Indoor Air - Molds and Fungi
Indoor Air - Carpets
Indoor Air - General

PRODUCT/SERVICE LISTS

Also available from J. Anderson:

Carpets & Underpads
Children's Camps in Ontario
Bedding - Ontario
Respirators

CALENDAR OF EVENTS

Healthy Buildings '95 Milan, Italy

September 11-14, 1995

President: Marco Maroni

Topics: Healthy buildings (offices, hospitals),
HVAC in temperate climates; environmental
tobacco smoke; radiation; energy; quality
assurance and certification; economics of healthy
and sick buildings; IAQ guidelines; Task Forces
I, II, IV and V; exhibition.

The 7th International Conference on Indoor Air Quality and Climate: INDOOR AIR '96

Nagoya, Japan

July 21-26, 1996

President: Susumu Yoshizawa

Topics: IAQ physiology, health effects, indoor
hygiene, and psychology; thermal comfort;
architectural design; HVAC; commissioning; clean
rooms; odor control; moisture and microbes;
instrumentation policy and regulation;
workshops; exhibition.

30th Annual Meeting of American Academy of Environmental Medicine

The Cutting Edge of Environmental Medicine

September 29 - October 3, 1995

Sheraton El Conquistador Resort

Tucson, Arizona

AAEM, 4510 West 89th Street

Prairie Village, KS 66607-2292

913-642-6062

MEMBERSHIP APPLICATION

Membership including a subscription to the
Quarterly is \$25.00 per year.

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Date: _____ New: _____ Renewal: _____

Which branch, if any, you would like to
belong to: _____

Annual membership: \$25.00

Donation: _____

Total: _____

Make cheque or money order payable to:
Allergy and Environmental Health Association,
P.O. Box 40604, Burlington, Ontario L7P 4W1

Comments: _____

AEHA BRANCHES

NATIONAL

AEHA CANADA

P.O. Box 40604
Burlington, Ontario, Canada
L7P 4W1
PH: 1-800-695-9271

BRANCHES

BRITISH COLUMBIA

c/o Jean Stevens
P.O. Box 1231
Logan Lake, B.C.
V0K 1W0
PH: 604-523-9965

HAMILTON-BURLINGTON

Pres: Linda DeMarchi
1510 Oakhille Drive
Oakville, Ontario
L6J 1Y5
PH: 905-336-2562

KITCHENER

Pres: Donna Keddle
513 Quiet Place #2
Waterloo, Ontario
N2L 5L6
PH: 519-885-2803

LONDON

Linda Whitlock
RR#3, Melbourne, Ontario
N0L 1T0
PH: 519-289-2440

NEW BRUNSWICK

Pres: Margaret Kelly
P.O. Box 4073
Dieppe, N.B.
E1A 6E7
PH: 506-855-4990

NOVA SCOTIA

Pres: Greg Booth
P.O. Box 31323
Halifax, N.S.
B3K 5Y5
PH: 902-477-5803

OTTAWA

Elizabeth Stutt
196 Sherway Drive
Nepean, Ontario
K2J 2G6
PH: 613-825-8388
FX: 613-725-1070

PRINCE EDWARD ISLAND

Debbite Lutz
3 Charlotte Drive
Charlottetown, P.E.I.
C1A 2N6

QUEBEC

Nancy Hamilton
1938 Perodeau
Vaudreuil, PQ
J7V 8P7

VICTORIA, BC

Pres: Katy Young
1019 Lodge Avenue
Victoria, BC
V8X 3B1
PH: 604-384-8892

WATERLOO-WELLINGTON

Pres: Colleen Crowe
11 Drew Avenue
Cambridge, Ontario
N1S 3R2
PH: 519-896-1833

RESOURCE MATERIALS

Joanna Anderson
356 Rankin Drive
Burlington, Ontario
L7N 2B4
PH: 905-637-5146